



# Town of Ipswich Board of Health

25 Green Street  
Ipswich, MA 01938  
978-356-6605; Fax 978-356-6680

## Application For Funeral Director License

Fee: Sixty (\$60) Dollars  
Make checks payable to Town of Ipswich

Funeral Director Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Business Locations (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pursuant to M.G.L. Chapter 62C section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number or  
Federal Identification Number

\_\_\_\_\_  
Signature of Individual or  
Corporate Officer